



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

19-C01204

**FILED**

In the office of the Secretary of State  
of the State of California

MAY 23, 2019

**IMPORTANT** — [Read instructions](#) before completing this form.

**Filing Fee – \$20.00**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00 plus copy fees

**This Space For Office Use Only**

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

CAPITOL COMPLIANCE MANAGEMENT, LLC

**2. 12-Digit Secretary of State File Number**

201708910389

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)

CALIFORNIA

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box

701 12th Street suite 203

City (no abbreviations)

Sacramento

State

CA

Zip Code

95814

b. Mailing Address of LLC, if different than item 4a

701 12th Street suite 203

City (no abbreviations)

Sacramento

State

CA

Zip Code

95814

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

701 12th Street suite 203

City (no abbreviations)

Sacramento

State

CA

Zip Code

95814

**5. Manager(s) or Member(s)**

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b

Garib

Middle Name

Last Name

Karapetyan

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

701 12th Street suite 203

City (no abbreviations)

Sacramento

State

CA

Zip Code

95814

**6. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is **not** a corporation)

Robert

Middle Name

Last Name

Baca

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**

701 12th Street suite 203

City (no abbreviations)

Sacramento

State

CA

Zip Code

95814

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company

Management Company

**8. Chief Executive Officer, if elected or appointed**

a. First Name

Garib

Middle Name

Last Name

Karapetyan

Suffix

b. Address

701 12th Street suite 203

City (no abbreviations)

Sacramento

State

CA

Zip Code

95814

**9. The Information contained herein, including any attachments, is true and correct.**

05/23/2019

Date

Paul Clemons

Type or Print Name of Person Completing the Form

Director of Licensing and Compliance

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]



**Attachment to  
Statement of Information  
(Limited Liability Company)**

**LLC-12A  
Attachment**

19-C01204

**A. Limited Liability Company Name**

CAPITOL COMPLIANCE MANAGEMENT, LLC

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**B. 12-Digit Secretary of State File Number**

201708910389

**C. State or Place of Organization** (only if formed outside of California)

CALIFORNIA

**D. List of Additional Manager(s) or Member(s)** - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Gayk	Middle Name	Last Name Serobyán	Suffix
Entity Name			
Address 701 12th Street suite 203	City (no abbreviations) Sacramento	State CA	Zip Code 95814
First Name Joe	Middle Name	Last Name Karapetyan	Suffix
Entity Name			
Address 701 12th Street suite 203	City (no abbreviations) Sacramento	State CA	Zip Code 95814
First Name Grach	Middle Name	Last Name Serobyán	Suffix
Entity Name			
Address 701 12th Street suite 203	City (no abbreviations) Sacramento	State CA	Zip Code 95814
First Name Gevorg	Middle Name	Last Name Kadzhikyan	Suffix
Entity Name			
Address 701 12th Street suite 203	City (no abbreviations) Sacramento	State CA	Zip Code 95814
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code